

INTRODUCTORY LETTER

Dear Prospective Member,

As a member of Nambawan Super Limited(NSL) you are entitled to become a member and a shareholder of Nambawan Savings & Loan Society Limited (NSLS), whose sole aim is to serve the short term financial needs of NSL members.

As a member/ share holder of NSLS, you have;-

- An equal say in the running of the society
- The right to vote at annual general meetings
- A say in the policies of the Society
- A right to stand for a position on the Society Board.

Membership to NSLS is voluntary and only needs the enclosed forms to be completed, they are;-

- ☞ The NSLS "**Application for Membership**" form, (on the reverse side of this letter), and
- ☞ The NSLS "**Irrevocable Authority to Deduct**" form

NOTE: Nambawan Savings & Loan Society Limited (NSLS) have been allocated payroll deduction code "**DNSLS**" by the Department of Finance and Department of Education Salary Section.

Those interested public servants who want to join NSLS can arrange to have their contributions deducted to the society through automatic payroll deduction.

The Benefits of being a NSLS member include the access to funds for the purpose of:-

- General Savings
- Christmas Club Savings
- School Fees Savings
- Personal Loan
- Low Interest Loans
- Immediate Access
- Flexible rate of contributions
- 24 Hour loan processing
- As the society grow additional services such as medical cover, life insurance and other products may become available.

If you wish to take this opportunity to join the NSLS family, please complete these 2 forms and send them to us at the following;-

Nambawan Savings & Loan, Ground Floor Era Rumana Building, P.O Box 483, PORT MORESBY, NCD, Ph: 3095315 Fax: 3214406, email: nsls@nambawansuper.com.pg, or call into any of our NSL Branch near you.



"Realise your dreams, Start Saving Now"

APPLICATION FOR MEMBERSHIP

NAME & POSTAL ADDRESS

First Name Surname Employer No
Current Address..... Occupation
..... Super No
..... Net salary K.....
Telephone Facsimile email.....

RESIDENTIAL DETAILS

City /Town Suburb Street Sect..... Lot.....
Home Village District..... Home Province

PERSONAL DATA

Date of Birth/...../..... Marital Status: Married/Single/Other No of Children.....

I HEREBY APPLY TO BECOME A MEMBER OF NAMBAWAN SAVINGS & LOAN SOCIETY LTD AND AGREE TO PAY ALL CHARGES REQUIRED BY THE RULES OF THE SOCIETY AND BY ANY AMMENDMENTS THEREOF REGISTERED IN ACCORDANCE WITH THE SOCIETY & LOAN SOCIETIES AMENDMANT ACT 1995

I am a member/not a member of another Savings & Loan Society. (If you are then, name the Society).....

NOMINATED BENEFICIARIES

IN THE EVENT OF MY DEATH, ALL FUNDS HELD TO MY CREDIT IN NAMBAWAN SAVINGS & LOAN SOCIETY LIMITED SHOULD BE PAID TO:-

FULL NAME	POSTAL ADDRESS	RELATIONSHIP	BENEFICIARY

Signature of Applicant Date/...../.....
Witness Signature Date/...../.....

FOR SOCIETY USE ONLY

Application Approved/Rejected/Deferred
Computer Input Date..... /...../.....
Date Salary Deduction Authority Dispatch/...../.....
Approval Given By
(Signature)

Membership Number Allocated _____
By
Title
Date/...../.....



IRREVOCABLE AUTHORITY TO DEDUCT

The OIC /Salary Calculator
Salary Section

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.....
.....

Dear Sir/Madam,

I,.....Occupation:Employee File No.....
Membership No..... Request that you deduct the sum of (K.....)..... kina
each fortnight from my salary and pay this money to NAMBAWAN SAVINGS & LOAN SOCIETY LIMITED.

The authority also authorizes you to deduct from any monies payable by my employer upon my retirement or termination of employment, such sum as the Nambawan Savings & Loan Society Limited shall advice is owing to clear my indebtedness to the Society and to accept their receipt thereof.

This authority is to remain in force until cancelled in writing by the Society.

Signature Date:...../...../.....

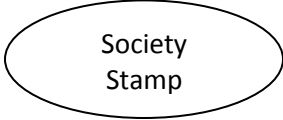
Location.....

The break-up of the total to be deducted is shown as follows;

CURRENT DEDUCTION		NEW DEDUCTION	
Loan Repayment	K.....	Loan Repayment	K.....
General Savings	K.....	General Savings	K.....
Christmas Club Savings	K.....	Christmas Club Savings	K.....
School Fee Account	K.....	School Fee Account	K.....
Insurance Premium	K.....	Insurance Premium	K.....
TOTAL	K_____	TOTAL	K_____

FOR SOCIETY USE ONLY

New Authority Approved/Rejected/Deferred
Date Salary Deduction Authority Dispatch/...../.....
Approval Given By: Name
Signature



THIS AUTHORITY SUPERCEDED ANY AUTHORITY NOW CURRENT